

Addendum #4
Bayou Health Program
Dental Benefit Program
Request for Proposals
Department of Health and Hospitals

Change #	Addendum	RFP Section #	Page #	Original RFP Text	Revised RFP Language																		
10	4	Appendix AA	24	<p>Subsection D:</p> <table><tr><td>Proposal Section and Page Number</td><td>PART II: TECHNICAL APPROACH</td></tr><tr><td></td><td>Section D: Member Enrollment and Disenrollment</td></tr><tr><td></td><td>D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.</td></tr><tr><td></td><td>D.3 Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.</td></tr></table>	Proposal Section and Page Number	PART II: TECHNICAL APPROACH		Section D: Member Enrollment and Disenrollment		D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.		D.3 Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.	<p>Subsection D: Changed D.3 to D.2</p> <table><tr><td>Proposal Section and Page Number</td><td>PART II: TECHNICAL APPROACH</td></tr><tr><td></td><td>Section D: Member Enrollment and Disenrollment</td></tr><tr><td></td><td>D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.</td></tr><tr><td></td><td>D.2 Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.</td></tr></table>	Proposal Section and Page Number	PART II: TECHNICAL APPROACH		Section D: Member Enrollment and Disenrollment		D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.		D.2 Describe the steps you will take to assign a member to a different Provider in the event a Primary Care Dentist requests the Member be assigned elsewhere.		
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11	4	Appendix AA	26	<p>Subsection E:</p> <table><tr><td>Proposal Section and Page Number</td><td>PART II: TECHNICAL APPROACH</td><td>Total Possible Points</td></tr><tr><td></td><td>E.2 Describe your approach to DBP case management. In particular, describe the following:<ul style="list-style-type: none">Characteristics of members that you will target for DBP case management services;How you identify these members;How you encourage member participation;How you assess member needs;How you develop and implement individualized plans of care, including coordination with providers and support services; andHow you coordinate your disease management and DBP case management programs.</td><td>20</td></tr><tr><td></td><td>E.3 Provide your communication/transition plans with the Bayou Health Plans in coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs:<ul style="list-style-type: none">Primary Care ProvidersOutpatient facility fees for dental servicesFluoride Varnish performed by Primary Care PhysicianRecipients residing out of state temporarily in a Psychiatric residential treatment facility Targeted Case ManagementCurrent Procedural Terminology (CPT) codes billed by Oral Surgeons</td><td>2</td></tr></table>	Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points		E.2 Describe your approach to DBP case management. In particular, describe the following: <ul style="list-style-type: none">Characteristics of members that you will target for DBP case management services;How you identify these members;How you encourage member participation;How you assess member needs;How you develop and implement individualized plans of care, including coordination with providers and support services; andHow you coordinate your disease management and DBP case management programs.	20		E.3 Provide your communication/transition plans with the Bayou Health Plans in coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs: <ul style="list-style-type: none">Primary Care ProvidersOutpatient facility fees for dental servicesFluoride Varnish performed by Primary Care PhysicianRecipients residing out of state temporarily in a Psychiatric residential treatment facility Targeted Case ManagementCurrent Procedural Terminology (CPT) codes billed by Oral Surgeons	2	<p>Subsection E: Correcting points in item E.3 to 20 points</p> <table><tr><td>Proposal Section and Page Number</td><td>PART II: TECHNICAL APPROACH</td><td>Total Possible Points</td></tr><tr><td></td><td>E.2 Describe your approach to DBP case management. In particular, describe the following:<ul style="list-style-type: none">Characteristics of members that you will target for DBP case management services;How you identify these members;How you encourage member participation;How you assess member needs;How you develop and implement individualized plans of care, including coordination with providers and support services; andHow you coordinate your disease management and DBP case management programs.</td><td>20</td></tr><tr><td></td><td>E.3 Provide your communication/transition plans with the Bayou Health Plans in coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs:<ul style="list-style-type: none">Primary Care ProvidersOutpatient facility fees for dental servicesFluoride Varnish performed by Primary Care PhysicianRecipients residing out of state temporarily in a Psychiatric residential treatment facility Targeted Case ManagementCurrent Procedural Terminology (CPT) codes billed by Oral Surgeons</td><td>20</td></tr></table>	Proposal Section and Page Number	PART II: TECHNICAL APPROACH	Total Possible Points		E.2 Describe your approach to DBP case management. In particular, describe the following: <ul style="list-style-type: none">Characteristics of members that you will target for DBP case management services;How you identify these members;How you encourage member participation;How you assess member needs;How you develop and implement individualized plans of care, including coordination with providers and support services; andHow you coordinate your disease management and DBP case management programs.	20		E.3 Provide your communication/transition plans with the Bayou Health Plans in coordinating the following carved out services which will continue to be provided by the Medicaid fee-for-service and Bayou Health programs: <ul style="list-style-type: none">Primary Care ProvidersOutpatient facility fees for dental servicesFluoride Varnish performed by Primary Care PhysicianRecipients residing out of state temporarily in a Psychiatric residential treatment facility Targeted Case ManagementCurrent Procedural Terminology (CPT) codes billed by Oral Surgeons	20
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14	4	Appendix AA	36	<p>Subsection H:</p>	<p>Subsection H: H.2: Correcting reference I.1 to H.1 H.3: Correcting points from 5 points to 10 points</p>																

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15	4	Appendix AA	42-3	<p>Subsection J:</p> <p>See Below:</p>	<p>Subsection J:</p> <p>Total Possible Points: Changed from 50 to 15 points J.1: Changed points from 7.5 to 5 points J.3: Deleted J.4: Renumbered as J.3 J.3: Changed points from 2.5 to 5 points J.5: Renumbered as J.4 J.4: Changed points from 10 points to 2.5 points</p> <p>See Below:</p>																														

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Subsection T:			Subsection T:																						
See Below:			Section T: Cost Proposal Total Possible Points 550																						
			Add “or” at the end of the page																						

16	4	Appendix AA	63	Subsection T:			Subsection T:		
				See Below:			Section T: Cost Proposal Total Possible Points 550		
							Add “or” at the end of the page		

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Addendum #4
Bayou Health Program
Dental Benefit Program
Request for Proposals
Department of Health and Hospitals

Change #	Addendum	RFP Section #	Page #	Original RFP Text	Revised RFP Language
18	4	5.3	16	Any adjusted rates must continue to be actuarially sound and will require an amendment to the Contract that is mutually agreed upon by both parties.	Any adjusted rates must continue to be actuarially sound as determined by DHH's actuarial contractor and will require an amendment to the Contract that is mutually agreed upon by both parties.
19	4	7.6.1	31	The primary care dentist may practice in a solo or group practice or may practice in a clinic (i.e. Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or outpatient clinic. The Health Plan shall provide at least one (1) full time equivalent (FTE) primary care dentist per five thousand (5,000) Health Plan members. DHH defines a full time primary care dentist as a provider that provides dental care services for a minimum of thirty-two (32) hours per week of practice time. The Health Plan shall require that each individual primary care dentist shall not exceed a total of five thousand (5,000) Medicaid linkages in all Health Plan's in which the primary care dentist may be a network provider.	The primary care dentist may practice in a solo or group practice or may practice in a clinic (i.e. Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or outpatient clinic. The Health Plan shall provide at least one (1) full time equivalent (FTE) primary care dentist per three thousand (3,000) Health Plan members. DHH defines a full time primary care dentist as a provider that provides dental care services for a minimum of thirty-two (32) hours per week of practice time. The Health Plan shall require that each individual primary care dentist shall not exceed a total of three thousand (3,000) Medicaid linkages in all Health Plan's in which the primary care dentist may be a network provider.
20	4	10.1.1	49	Be available Monday through Friday from 7 am to 5 pm Central Time to address non-emergency provider issues and on a 24/7 basis for non-routine prior authorization requests;	Be available Monday through Friday from 7 am to 5 pm Central Time to address non-emergency provider issues requests;
21	4	10.1.3	49	Provide for arrangements to handle emergent provider issues on a 24/7 basis;	Provide for arrangements to handle emergent in-network and out-of-network provider issues on a 24/7 basis;
22	4	10.2.2	50	The provider access component of the toll-free telephone line must be staffed between the hours of 7am-7pm Central Time Monday through Friday to respond to provider questions in all areas, including but not limited to prior authorization requests, provider appeals, provider processes, provider complaints, and regarding provider responsibilities. The provider access component must be	The provider access component of the toll-free telephone line must be staffed between the hours of 7am-7pm Central Time Monday through Friday to respond to provider questions in all areas, including but not limited to prior authorization requests, provider appeals, provider processes, provider complaints, and regarding provider responsibilities.

Addendum #4
Bayou Health Program
Dental Benefit Program
Request for Proposals
Department of Health and Hospitals

Change #	Addendum	RFP Section #	Page #	Original RFP Text	Revised RFP Language
				staffed on a 24/7 basis for prior authorization requests.	
23		12.4.3	61	<ul style="list-style-type: none"> All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by DHH prior to distribution according to the provisions described in this RFP and the Dental Benefit Program Companion Guide. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to: <ul style="list-style-type: none"> A welcome letter highlighting major program features and contact information for the Health Plan; A Member Handbook; The Health Plan Member ID Card (if mailed under a separate mailing; and A Provider Directory when specifically requested by the member (also must be available in searchable format on-line). 	<ul style="list-style-type: none"> All contents of the welcome packet are considered member education materials and, as such, shall be reviewed and approved in writing by DHH prior to distribution according to the provisions described in this RFP and the Dental Benefit Program Companion Guide. Contents of the welcome packets shall include those items specified in the Contract. The welcome packet shall include, but is not limited to: <ul style="list-style-type: none"> A welcome letter highlighting major program features and contact information for the Health Plan; A Member Handbook; and A Provider Directory when specifically requested by the member (also must be available in searchable format on-line).
24	4	21.20.4	139	<p>1st sentence:</p> <p>The cost proposal will be evaluated based on the composite proposed capitation rate. The proposed capitation rates for each Category of Assistance for which a bid is required as specified in Attachment E.</p>	<p>1st sentence:</p> <p>The cost proposal will be evaluated based on the composite actuarially determined rate range provided to the Department by its actuarial contractor. The proposed capitation rates for each Category of Assistance for which a bid is required as specified in Attachment E.</p>
25	4	Glossary		Not Applicable	Allied professional - Allied health professionals are health care practitioners with formal education and clinical training who are

Addendum #4
Bayou Health Program
Dental Benefit Program
Request for Proposals
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					credentialed through certification, registration and/or licensure. They collaborate with physicians and other members of the health care team to deliver high quality patient care services for the identification, prevention, and treatment of diseases, disabilities and disorders.
26	4	Glossary		Not Applicable	<u>Paramedical</u> - A person trained to assist medical professionals and to give emergency medical treatment.
27	4	Glossary		Not Applicable	<u>Professional</u> – A licensed expert and individual whom has specialized knowledge in a field which one is practicing professionally; i.e. dentists, doctors, etc.
28	4	Attachment C	181	10) Effective Date 3-1-2012 12) This contract may be terminated by either party upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.	10) Effective Date 3-1-2013 12) This contract may be terminated by DHH upon giving sixty (60) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.